

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** INGLEHAVEN (110196)

**Address:** 512 ALAN DR, MT HOREB, WI 53572

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/1988

**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0092554      **End Date:** 05/05/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007995    Served 05/15/2004

Deficiencies Cited

83.32(2)(a)2

83.32(2)(c)1

83.33(3)(e)4

Subject Area

ASSESSMENT OF MEDICATIONS TAKEN

ANNUAL EVALUATION-PARTICIPATION

UNIT DOSE OR UNIT TIME PACKETS

Compliance  
Verified

Corrected

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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**Enforcement History**

**Date: 05/13/2004      SOD #10007995      Appealed: Yes      Decision: DISMISSED**

Sanctions

FORFEITURE---83.32(2)(c)1 2nd cite

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